

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Andrew

NICKNAME

LAST

SUFFIX

Nelson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

P.O. Box 1482, Bryan, TX 77806

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

450-3434

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Kenny

NICKNAME

LAST

SUFFIX

Lawson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

2901 Camelot

Bryan, TX 77802

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

220-4050

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

09 / 30 / 2016

THROUGH

Month

Day

Year

10 / 29 / 2016

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 2016

☐ Primary

☐ Runoff

ELECTION TYPE
☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Andrew Nelson

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

6,175.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

178.66

4. TOTAL POLITICAL EXPENDITURES

\$

19,107.81

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

11,575.65

OUTSTANDING
LOAN TOTALS

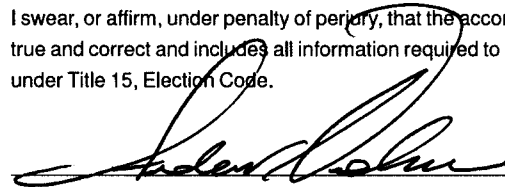
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

8,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Nelson, this the 31st
day of Oct., 2016, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Mary K Stratta

Printed name of officer administering oath

City Secretary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Andrew Nelson***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,175.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18,929.15</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ron Blatchley

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Humphrey

Contributor address;

City; State; Zip Code

77845

5532 Straub Rd, College Station

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rusleen Maurice

Contributor address;

City; State; Zip Code

3306 Carter Creek Pkwy, Bryan 77802

Amount of contribution (\$)

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ronald & Vickie Schmidt

Contributor address;

City; State; Zip Code

835 N. Rosemary Dr, Bryan, TX 77802

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Victor and Jo Ann Treat

6 Contributor address;

City; State; Zip Code

P.O. Box 143, College Station, TX 77841

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Victor Drozd

Contributor address;

City; State; Zip Code

4710 Westminster Dr, Bryan, TX 77802

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pete Bienicki

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bradley Hurt

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/16

5 Full name of contributor

Scott Sitten

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/16

Full name of contributor

Lee Ann & Jimmy Wup

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

5181 Portofino Dr, Bryan, TX 77802

\$1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/16

Full name of contributor

Erik and Florence Furuboth

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

750 N. Rosemary, Bryan TX 77802

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/16

Full name of contributor

Karin Sesiano

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

750 N. Rosemary, Bryan, TX 77802

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David & Martha Lynch

6 Contributor address; City; State; Zip Code

3224 Founders Dr, Bryan, TX 77807

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clayton & Caitlyn Logsdon

Contributor address; City; State; Zip Code

10080 Nunn Jones Rd, College Station TX 77845

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Elizabeth Boren

Contributor address; City; State; Zip Code

11252 Fm 166, Caldwell, TX 77836

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Boyd & Zou Cherry

Contributor address; City; State; Zip Code

3224 Pinyon Creek, Bryan, TX 77807

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jackie & Susan Binks

6 Contributor address; City; State; Zip Code

3011 Hickory Ridge Cir, Bryan, TX 77807

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael & LuAnn McKinney

Contributor address; City; State; Zip Code

3313 Emory Oak, Bryan, TX 77807

Amount of contribution (\$)

\$150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Arno & Barbara Krebs

Contributor address; City; State; Zip Code

3235 Walnut Creek Court, Bryan, TX 77807

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stephen Hadditch

Contributor address; City; State; Zip Code

3024 Hickory Ridge, Bryan, TX 77807

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/16

5 Full name of contributor

Henry & Lou Presnal

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

3103 Camelot, Bryan, TX 77802

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

Full name of contributor

Douglas Barlow

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

707 Texas Ave, Ste 216-D, College Station, TX 77840

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/16

Full name of contributor

Lance Lindsey

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/16

Full name of contributor

Ernest Wentzcek

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/27/16

5 Full name of contributor

Tim Bryan

☐ out-of-state PAC (ID#: _____)

6 Contributor address

City: State: Zip Code

7 Amount of contribution (\$)

\$300⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/27/16

Full name of contributor

Ann Horton

☐ out-of-state PAC (ID#: _____)

Contributor address;

City: State: Zip Code

Amount of contribution (\$)

801 N Rosemary, Bryan, TX 77802

\$350⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/16

Full name of contributor

Olway & Bonnie Denny

☐ out-of-state PAC (ID#: _____)

Contributor address;

City: State: Zip Code

Amount of contribution (\$)

3307 Emory Oak Dr, Bryan, TX 77807

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/16

Full name of contributor

Clint Cooper

☐ out-of-state PAC (ID#: _____)

Contributor address;

City: State: Zip Code

Amount of contribution (\$)

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8/8

2 FILER NAME

Andrew Nelson

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/16

5 Full name of contributor

Mark Prhoda

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$50⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/16

Full name of contributor

SJ & Linda Pringle

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

3216 Elm Creek Ct, Bryan, TX 77807

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

Mark & Michelle Brenckman

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

7056 Gentle Breeze Dr, Willis, TX 77318

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

Ron & Ruth Blatchley

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

4902 Fairfield Ct, Bryan, TX 77802

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 114		2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/16		5 Payee name Twins Co. Marketing			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 108 E. William J. Bryan Pkwy, Bryan, TX 77803			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/5/16		Payee name C.C. Creations			
Amount (\$) \$812.77		Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77802			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/16		Payee name KBTX			
Amount (\$) \$2,100.00		Payee address; City; State; Zip Code 4141 E. 29th St, Bryan, TX 77802			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2/4		2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/16		5 Payee name C. G. Creations			
6 Amount (\$) \$1,331.48		7 Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77803			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 10/13/16		Payee name Copy Corner			
Amount (\$) \$520.95		Payee address; City; State; Zip Code 2307 S. Texas Ave, College Station, TX 77840			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date 10/13/16		Payee name Bryan Broadcasting			
Amount (\$) \$3063.00		Payee address; City; State; Zip Code 2700 Earl Rudder Fwy, College Station TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/4	2 FILER NAME Andrew Nelson	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/16	5 Payee name Admail
---------------------------	-------------------------------

6 Amount (\$) \$2,673.67	7 Payee address; City; State; Zip Code 427 Dellwood St, Bryan, TX 77801
------------------------------------	---

8 PURPOSE OF EXPENDITURE Advertising Expense	(a) Category (See Categories listed at the top of this schedule) U Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/20/16	Payee name G.C. Creations
-------------------------	-------------------------------------

Amount (\$) \$235.28	Payee address; City; State; Zip Code 800 Shiloh Ave, Bryan, TX 77803
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) U Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/24/16	Payee name KB TX
-------------------------	----------------------------

Amount (\$) \$5822.00	Payee address; City; State; Zip Code 444 E. 29th St, Bryan, TX 77802
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/4		2 FILER NAME Andrew Nelson		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name The Eagle			
6 Amount (\$) \$1310⁰⁰		7 Payee address, City; State; Zip Code 1729 Bridgerest Dr, Bryan, TX 77802			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED